2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Dec 18, 2006
Secretary of State

DOCUMENT# L05000031249

Entity Name: STAR DENTAL, LLC

Current Principal Place of Business:

23-24 FORTUNE ROAD
KISSIMMEE, FL 34744

New Principal Place of Business:

2324 FORTUNE ROAD
KISSIMMEE, FL 34744

Current Mailing Address:

23-24 FORTUNE ROAD
KISSIMMEE, FL 34744

New Mailing Address:

2324 FORTUNE ROAD
KISSIMMEE, FL 34744

FEI Number: 20-2638572 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MARTIN, MIRTHA V CPA
420 S COUNTRY CLUB ROAD
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MIRTHA VALDES MARTIN CPA

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: GAITAN, GERMAN
Address: 23-24 FORTUNE ROAD
City-St-Zip: KISSIMMEE, FL 34744

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: GAITAN, GERMAN
Address: 2324 FORTUNE ROAD
City-St-Zip: KISSIMMEE, FL 34744

Title: MGRM ( ) Change (X) Addition
Name: OLMOS, RODOLFO
Address: 2324 FORTUNE ROAD
City-St-Zip: KISSIMMEE, FL 34744

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: RODOLFO OLMOS MGRM 12/18/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date